

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

608649

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	28 minus 20 =	* 8
INDEPENDENT CLAIMS	7 minus 3 =	* 4
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	375.00
x\$11=	
x39=	
+125=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	750.00
x\$22=	176
x78=	312
+250=	
TOTAL	1238

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>4/16/96</u>		2 Serial/Patent # <u>08/608649</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		<u>02/29/96</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>78.00</u>	
		8 TO BE REFUNDED BY:	
		<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <u>05--0225</u>	
10 REASON:			
<input checked="" type="checkbox"/>	Overpayment		
<input type="checkbox"/>	Duplicate Payment		
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Ruth Sydnor</u>		TITLE: <u>LIE</u>	
SIGNATURE: <u>Ruth Sydnor</u>		PHONE: <u>308-1901</u>	
OFFICE: _____			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Neda A. Connelly</u>		DATE: <u>5/2/96</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: